BINDIN

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

5)	(6)	PHYSI-	
MARGIN RESERVED FOR BINDING	WRITE PL. L. WITH UNFADING INKTHIS IS A PERMICENT CORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

PLACE OF DEATH	12263 STATE OF MARYLAND
County Morhuglon	CERTIFICATE OF DEATH
2	Registration Dist. No.
Village or City Man fanswelling 2FULL NAME unnamed chila;	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
M WIDOWED. OR DIVORCED (Write the Word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Cen 22 , 193/	192, to
(Month) (Day) (Year) 7 AGE (If LESS than	that I last saw h
Suel for I day hrs.	. The CAUSE OF DEATH * was a pallows:
8. OCCUPATION	- Ch
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs mos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Incl	Secondary (Durstign) yrs mos ds,
10 NAME OF Levold Baker	(Signed) M. G. Frorelow M. D.
11 PIDTHPLACE	Car 23 188/ (Address) / Superstour Tuck
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Delha Rooms,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER Pa	At place of deathyrsds. In the Stateyrsds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Hervell Balier	Former or usual residence.
(Address) Manfourbills	Premises Date of Burial Car 23, 1936
15 Filed 10-23-1921 6 Los 1 2000 15 Registrar	Levold Baker Mangembels
If more bianks are needed, address State Registra	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter. to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Salesman. (b) Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement of cause of death Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, periionaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	Example 1	T. OFF	Example II		
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Other contributory	causes of importance:	3	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				24/11/10	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) W How long in U.S. if of foreign birth? Length of residence in city or town where death occurre statement PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) married (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly Years Days 7. AGE Months If LESS than to have occurred on the date stated above, at hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importence mia. 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER SAWYER, BODKKEEPER, etc. may back 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked at 00 11. Total time (years) this occupation (month and spent in this that instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME See plain 14. BIRTHPLACE (city or town) (State or country) efully Whet test confirmed diegnosis? _____ Was there an autopsy? MOTHER 15. MAIDEN NAME important in 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of Injury_______19 DEATH 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury CAUSE nation LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify 四 (Address) It Lawrence Registrar. If more blanks are needed, adaress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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nfor- state IPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	CC
	1. PLACE OF DEATH	(61-6)	311
skould of	county Washington	Registration Dist. No. 30	_
P .PI	Village or City YOARY SHOWN	No. 24h, Locust st, 4	+ Ward
	Length of residence In city or town where death occurred 2 yrs 2 mos.	death occurred in a hospital or institution, give its NAME instead of street and not also the long in U.S. if of foreign birth?	
COLE. Every PHYSICIANS ct statement	11 1 21.1	Pa (us.
E	2. FULL NAME My Sula Blanche	1-0.5.7.	
YS	(a) Residence: Np. 29 M. Locust (Usual place of abode)	St.,	State
CO) PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	The state of the s
RECO. PH.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Temale White OR DIVORCED (write the word)	(Month) (Day)	193 (Year)
DING ANEN A C T I ssifted.	5a. If marriad, widowed, or divorced		
BINDIN EXAC' y classifi te.	(or) WIFE of James F.	22. I HEREBY CERTIFY, That I attended d	eceased from
CLAN E	10	Llast saw h an alive on oct 2 4 1932	; death is sald
PE PE II's ate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4 H, m	death is said
FOR FISA Plated properly certificat	() d I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
FC IS sta pro pro cert	8 Trada profession or particular	were as follows:	Date of onset
HIS he be of	SAWYER, BODKKEEPER, atc.	Chrome Opercardetes	
RESERVED G INK—THE GE should be that it may be ons on back of	kind of work dona, as SPINNER. To use using a swyer, BODKKEEPER, atc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	History	2 455
ERV. rk.—T should it may n back	SAW MILL, BANK, etc		0
INI INI E sl at it	this occupation month appropriate years year) occupation 254 VS.		
7 4 4	11 , 72 1	Other Contributory Causes of importance:	
IN I	12. BIRTHPLACE (city or town)	Heatry of Joxic Forly	2975.
MARGIN UNFADI supplied. n terms, so ee instruct	I 13. NAME Caleb T. Grossnicklo	Saw patient short time (12 kg) before dead	1-000
TA Upp ten ten ten	13. NAME (a) e b 1: (5 ros s n : Clt) o	Name of operation Data of	
I - 00	(State or country)	What test confirmed diagnosis? Was there en au	topsy?
WITTING efully in pla	# 15. MAIDEN NAME Flyniett Stones	23. If death wes due to external causes (VIOLENCE) fill in elso tha following:	
	15. MAIDEN NAME Fry 20 Stones 16. BIRTHPLACE (city or town) 50 ms 50 le	Accident, sulcide, or homicide? Date of Injury	, 19
be carried	(State or country)	Where did Injury occur?	
	17. INFORMANT Denton 1. 13 ohn	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLA	CE.
F PLA Should OF D	(Address) Hagerstown, Md		
sh sh is	18. BURIAL, CREMATION, OR REMOVAL Place 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Manner of injury	
MATTER Mation s CAUSE TION is	Place V N 1 5 M D x i d q e Date V 2 4 , 192 1	Nature of injury	
T A E SE	19. UNDERTAKER HILL COXX man	24. Was disease or Injury in any wey ralated to occupation of deceasad?	120
è .	(Addrass) Hayerstown, My	If so, specify	
N Z	20. FILED 10-24, 1921 Chartesoners Registrar,	(Signed) Lawy ord	/M. D
Darrahee		(Address) from Endowe 19	2

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Gollstones		May 1,1923	Gastroenteritis	1 yeor	

	PLACE OF DEATH	STATE OF MARYLAND
C	ounty askington	CERTIFICATE OF DEATH
	10.11	Registration Dist. No.
Villa	age or City War Or No.9 (Rock	Ward) (If death occurre a hospital or instition, give its NAME stead of street number.)
	2 FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3,81	WIDOWED Wilde Tolice Single, Wildowed OR DIVORCED (Write the word)	(Mouth) (Day) (Yo
6 D.	ATE OF BIRTH	17 I HEREBY GERTIFY, That I attended the deceased 1921, to 15 that I last saw han alive on 15
	(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AG	V 4 I I dayhrs.	The CAUSE OF DEATH & was as follows:
. 00	CCUPATION mosds. ormin. ?	Muser deti-
(a	Trade, profession or	forther Poles Procession
270	articular kind of work	Rollowing Loon Mullion
bu	usiness, or establishment in	(Duration)yrsmos
-	Phich employed or (employer)	Contributory Secondary
	(State or country)	Che 1 Months & man
	LINAME OF A - A	(Signed)
3	wither the Townan	18/11 Clear Murin
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.
PAR	Land May Tumous	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients, or Recent Residents)
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14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) + Flowing	Former or usual residence
	(Address) Clear Offering Und	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 F	Filed Octog 1901. I w Muney	20 UNDERTAKER ADDRESS
	Registrar	SUDAL DALL

(Approved by U. S. Census and American Public Health Association.)

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 5 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH
Village City Kemp's will R (Not 2- 1) 2FULL NAME Stillborn	Bryan (If death occurred in a hospital or institution, give its NAME it stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) X	16 DATE OF DEATH Oct. 17,1931 7431 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct. 17 , 1931 (Month) (Day) (Year)	Stillborn that I last saw halive on, 192
Stillborn If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	Stillborn (Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) maryland	Contributory Secondary (Duration) yrs
father Harry R. Bryan	(Signed) M. D
of Father Franklin Co., Penna.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Anna F. Miles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE Washington Co., Md. (State of Country)	ients or Recent Residents) At place of desthyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of des.h?
(Informant) Harry R. Bryan	Former or usual residence
(Address) Williamsport, ad.R # 2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Ot 18, 198/ O. C. Rockard	adpress for Willamshif
If more banks are needed, addre s tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12259

Oct

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (re to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, For many occupations a single word or term on Farm loborer, Laborer-Cool minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. The material not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway troin Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Nomenclature Chronic etc. The contributory ralvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

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item of inforof OCCUPA should PHYSICIANS statement Exact properly classified. certificate. should it may See instructions on back so that ITH UNFADING mation should be carefully supplied. CAUSE OF DEATH in plain terms, very important. TION is

FOR BINDING

MARGIN RESERVED

OCCUPATION

1. PLACE (County Village or	F DEATH	nington		Registration Dist. No. 30 2 No. 202 No. Potomic St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of re	sidence in city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NA (a) Reside	AME J. J. 202 N. 202 N.	ohn A. E Potoma (Usual place	c Street	St., Ward. If nonresident give city or town and State
PERSO	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
Male	4. COLOR OR RACE White	5. SINGLE, MAF OR DIVORCE Widow	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Cotober 8, 193 l (Month) (Day) (Year)
5a. If married, wide HUSBAND of (or) WIFE of	wed, or divorced Etta Bus	sh		22. JHEREBY CERTIFY, That I attended deceased from 1931, to 00000000000000000000000000000000000
6. DATE OF BIRTH	I (month, day, and year)	1860		I last saw have alive on 64 8 , 1931; death is said
7. AGE Y	ears Months	Days	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 10:20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
9. Industry of work w	lession, or particular work done, as SPINNER, R, BOOKKEEPER, etc. business In which ass done, as SILK MILL, ILL, BANK, etc.	.ketired	Barber	Christic EndoCardites. Dats of onset
10. Dato deces this occ year) _	ased last worked at cupation (month and city or town)	spa 063	ime (years) nt in this upation	Other Contributory Causes of importance:
(State er co	untry)	Penn.		

FATHER 13. NAME Bush 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town) (State or country Where did Injury occur? ____ (Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Mr. Chas. Timewell (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury Nature of Injury 24. Was disease or Injury In any way related to occupetion of deceased? 19. UNDERTAKER (Address)

(Address) Hagenstown Hid

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*·U1. ½	AU V.S.		
Other contributory causes of impor-	tance:	Other contributory causes of importance:	
Gallstones ,	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12272
1. PLACE OF DEATH	0 /2000 30 31
County Washington LIMITO	Registration Dist. No. 450
Village or City Washington Co Hospitel	No. St, 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	. 15 ds. How long in U.S. if of foreign birth?yrs mos ds.
2. FULL NAME Charles Chaney	
(a) Residence: No. Williamsport Md	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
OR DIVORCED (write the word)	, 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Corp Wife of Darbara Crilley	22. I HEREBY CERTIFY, That all attended deceased from
	OCT 5 ,1931 to OET /7 ,1931
s. DATE OF BIRTH (month, dey, and year) Not Known	I last saw h_Am_ alive on_ 11.45 P , 19.31 ; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
About 58 ormin.	were es fellows: // Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	I yphord fener
SAWYER, BOOKKEEPER, etcCarpenter	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
O 10. Dato deceased last worked at 11. Total time (years)	
this occupation (month analyse 31 spant in this life occupation 111e	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Lohas Preumonia Oct/6th
(State of Country)	
13. NAME Charles Chaney 14. BIRTHPLACE (city or town) Maryland	
14. BIRTHPLACE (city or town) Maryland	Name of operation
(State of Country)	Whet test confirmed diegnosis?_Wadaq Wes there en autopsy?
15. MAIDEN NAME Not Known 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIQL ENCE) fill in elso the following:
	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT, Mrs Charles Chaney	Specify whether Injory occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Williamsport Md	
18. BURIAL, GREMATING STREMONT Md Oct. 20.1931	
Albert Leaf	Nature of injury
19. UNDERTAKER Albert Lear Md	24. Was disease or injury in any way related to occupation of deceased? Wo.
10-19- 31 Van HB- 100H	(Signed) A. L. Porterfield M. D.
20. FILED	(Address) 136 W Weashington St.

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Chronic interstitial nepl		1921	Run over by street car	1 week ago
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	BURRAU V.S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY	PHYSICIAN
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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, etc., without more precise specification as Day Foreman, For many occupations a single word or term on 20 yrs). Form laborer. Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, At Home, and children, Compositor, Architect, 6 For persons who have no occupation Automobile factory. The Locomotive engineer, not gainfully em-(b) Grocery; material

spinal meningitis"); Diphtheria avoid use of "Croup Typhoid fever (never report "Typhoid ed term for the same disease. Examples: Cercbrospinul to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, Pneumonia");

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V. S. No. 1

- 11		12415
	PLACE OF DEATH .	STATE OF MARYLAND
	County Mashing ton	CERTIFICATE OF DEATH
1	OPA	Registration Dist. No. 302
	Village or City Smithsburg (No. 17 7)	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street an number.)
	TOLL NAME of the state of the s	W. Lo.J. C
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IIIS OII DACK OI	S SEX 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWES OR DIVORES (Write the word) 6 DATE OF BIRTH (Wonth) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from (9 %) 15 193 1. to (9 %) 16, 193 1. that I last saw h 22 alive on (9 %) 193 1.
onon usur ees	7 AGE Soccupation Soccupa	and that death occurred on the date stated above, at . Y . D . The CAUSE OF DEATH * was as follows:
em of coordains as vary important.	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (State the I israse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Iran ients Recent Residents) At place of death yrs
Statemen	(Address) Smilsbirg Aph) 15 Filed 1917 192 Swilsbard Registrar If more banks are needed, address State Registrar	Meleh June 20 UN DERTAKER Milham Howney Smithshing 1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return". Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a ," etc., without more precise specification as Day Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, For persons who have no occupation (6) Automobile factory. The material Laborer-Coal mine, etc. Salesman, As examples: (a) (6) The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association. approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bra shopmeumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature Chronic Example: Measles (disease affection need etc. vulvular heart Always qualify al The contributory tot disease;

answered in detail, it will prevent further correspondence. All the Edata is essential and must be obtained before the certificate in L. permanently filed.

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regnesting V. S. No 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

· E · 11 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	Example II	
ed causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1916	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
ice:	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1916 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1916

ADDITIONAL SPACE FOR FURTHER STATEM	IENTS BY PHYSICIAN
-------------------------------------	--------------------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12275	
1. PLACE OF DEATH	82-0	
county Washing You	Registration Dist. No.	
	No. 836 Divginia Ave & War death occurred in a horpital or institution, give its NAME instead of street and number)	d
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S, if of foreign birth?yrsmos d	s.
2. FULL NAME Michard W. Dorse	4	
(a) Residence: No. & 36 Virginia The	Sta Z Ward.	
(Usual place of abode)	If nonresident give city or town and State	inci
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Sessie. G.	22. I HEREBY CERTIFY. That I attended deceased from 2 1930 to PCF 17 1931	om
6. DATE OF BIRTH (month, day, and year) For: 20-1877	I last saw h. wi alive on a croker 15 1931; death is sa	bid
7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, atm.	
3 28 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	_
8. Trada, profession, or particular kind of work dona, as SPINNER,	Cers tral them or thogs. Date of onse	38
SAWYER, BODKKEEPER, etc. Nev Chart	2 -11	30
9. Industry or business in which work was dona, as SILK MILL, Gracery . SAW MILL, BANK, etc.		6
this occupation or pout and 1924. In this occupation of the span in this occupation of the span in this occupation.		
12. BIRTIIPLACE (city or town) Ce dar Rapt do (State or country)	Dther Coutributory Causes of importance: Artuo - Selenses . C.	
	V	
I I	Name of operation Date of	
4. BIRTHPLACE (city or town) 12 0 WM 2 U. 1120	What test confirmed diagnosis? Was there en autopsy?	
# 15. MAIDEN NAME Elizabeth Rowe	23. If death was due to external causes (VtDL ENCE) fill in also tha following:	
5 16. BIRTHPLACE (city or town) DOWNS, U. 11e	Accidant, suicida, or homicida? Data ef injury, 19	
[State or country]	Where did Injury occur?	
17. INFORMANT. TTYS B. W. Dursey (Address) Hageystown, IIId	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	Mannar of injury	
Place roadrading Date Oct 20. 1931	Natura of injury	
19. UNDERTAKER H.K. Cuxxman	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 0-19-, 13/8 Kost Boeso B. Registrar.	(Signed). W. V. Steveller M. (Address) Hagustoner M.	. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

MARGIN RESERVED FOR BINDING

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURLAU V.S			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
W + 1100	Registration Dist. No. 702
Village or City 10 95 10 10 10 10. 491 (1) 2FULL NAME Albert &	Orange Ward) Ward) (If death occurred a hospital or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCE WITHOUT OR DIVORCE WHAT OR DIVORCE WHAT OF THE PROPERTY OF THE PRO	16 DATE OF DEATH (18 1935)
6 DATE OF BIRTH	(Month) (Day) (Year)
18/11 /3. 0	721 Jel 2 12/ 10 Jel 13 18
(Month) (Day) (Yes	that I last saw been alive on 7 / 3 , 152,
7 AGE	The state of the s
yrs. moa. ds. or 'm	
B-OCCUPATION .	
(a) Trade, profession or particular kind of work	
	(Duration) yrs. mos.
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. inos.
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary Signed M (Address) (Address)
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 33 34 35 36 37 38 38 39 30 30 30 30 30 30 30 30 30	Contributory Secondary Signed) (Address) *State the Disease Causing Death, or, in deaths from
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary Dynation Signed (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tree
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	Contributory Secondary Dynation No. (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place of death yrs mos de State yrs mos Where was disease contracted.
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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere trospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." "Inanition, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association. approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," or intercurrent) Committee on Nomenclature Chronic affection need not be etc. The contributory valvular heart Measles ; discase; underas

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TE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA should County Registration Dist. No. Village or Ci Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign hirth? statement (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE MARRIED, WIDOWED. 21. DATE OF DEATH (Month (Day (Year) 5e. If married, widowed, or HUSBAND of FY, Mat I ettended deceesed from (or) WIFE of E 6. DATE OF BIRTH (month, day, and year) death is sald certificate properly 7. AGE Years Months Deys If LESS than on the date stated/ebove, at I day,hrs. and related causes of Importance -min. Date of paset 8. Trade, profession, or particular kind of work done, as SPINNER OCCUPATIO SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked et II. Total time (years) this occupation (month and spent in this that year) _ occupation instructions tz. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country carefully Whet test confirmed diagnosis? MOTHER 15. MAIDEN NAME in 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? ___. import DEATH 16. BIRTHPLACE (city or town) Date of Injury (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods 17, INFORMA OF Manner of injury CAUSE mation TION Nature of injury 24. Was disease of Injury In 19. UNDERTAKER (Address) If so, specify 2 Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	0	0)	ray	V
1	2	4	0	0

1. PLACE OF DEATH	•			
County Washing	ton	Registration Dist. No. 30 2		
Village or City Falerat	BATE LIMITS ST			
Village of City	(10	No. Bellevue Fome St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town when	re death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Minni	e E. Ellictt			
(a) Residence: No. 436 N		St., 5 Ward.		
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH Cotober 15, 193 1. (Month) (Day) (Year)		
5a. If married, widowed, or divorced				
HUSBAND of (or) WIFE of	4 1010	22. I HEREBY CERTIFY. That I attended deceased from		
	They 1 60			
6. DATE OF BIRTH (month, day, and year)		I last saw h. M. alive on october 13 , 1931 ; death is said		
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6:30 An. M.		
46	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest		
8. Trade, profession, or particular		DECEMBER		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Retired			
9. tndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Centerio - schoolis		
work was done, as SILK MILL, SAW MILL, BANK, etc	•			
10. Date deceased last worked et this occupation (month and	11. Total time (years) spent in this			
year)	occupation	Other Contributory Canses of importance;		
12. BIRTHPLACE (city or town) Wash:	ington County	Other Countries of Amportance.		
(State or county)	IId.			
13. NAME JOhns To	edsel:			
	11	Name of operation Date of		
HE 13. NAME TO MUS GOODS (State or country)				
1	The state of	What test confirmed diegnosis? Wes there en autopsy?		
15. MAIDEN NAME	y former	23. if death was due to external ceuses (VIOLENCE) fill in also the following:		
15. MAIDEN NAME // 16. BIRTHPLACE (city or town)	7-9-9-	Accident, sulcide, or homicide? Date of injury, 19,		
(Stete or country)	ry)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Arthur J. (Address) Hagerstown		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
Place Hagerstown	Date Oct - 17 ,19 31	Nature of Injury.		
19. UNDERTAKER Fred. W. K. (Address) Hagerstow		24. Was disease or injury in any way related to occupation of deceased?		
20. FILED/0-16- 13/6)	East Bowers	(Signed) to limit U. Wille, M.D.		
were remarkable and the second	Registrar.	(Address) Shafing tomas he di		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July0,1927	Peritonitis	3 days ago	
,	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of iliness. If retired from ployed, as At achool or At home. Care should be taken definite saiary). may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, supecially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISTASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Wom er," etc., worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Civil engineer, Wintever, write None. tired & yrt.). business, that fact may be indicated thus: Farmer (re-Housemuid, etc. Statement of Occupation-Precise statement of oc "Itional line is provided for the latter statement; it For many occupations a single word or term on or At without more precise specification as Day Home, and children, not gainfully em For persons who have no occupation Stationary firemen, etc. But in many If the occupation has been changed

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia")."

conditions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association.) quences ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgicul operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Oid Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminai causing death), 29 de.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberoulosis of lungs, menment of cause of death approved by head of "contributory." Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; "Purperal soptionemia." "Purperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease vuisious," (secondary or intercurrent) affection need Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart (Recommendations on state-Example: Measles (disease Committee Meastes; disease; (merely (second-The nanot be ..Соп-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate in permanently filed

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	PLACE OF DEATH 12280		STATE OF M	
C	ounty Washing Ion	(3)	CERTIFICATE	OF DEATH
	WITHIN CORPORATE LIMITS OF	- 12 - +	Registration	Dist. No.
Vill	age or City Hayruslown (No. Working 10 2 FULL NAME Pullbon Infant Grude	r courty	St. Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEI	DICAL CERTIFICATE	OF DEATH
3 8	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DE	Oct. 6 (Month)	(Day) , 182/ (Year)
6 D	(Month) (Day), 1934 (Year)	that I lest saw Y	BY CERTIFY, That I at	bru 1923/
	Attillerin If LESS than I dayhrs. dayhrs. ds. ormin. ?	The CAUSE OF I	DEATH : was as follows:	
Op (Lbw	o) Trade, profession or articular kind of work. o) General nature of industry usiness, or establishment in hich employed or (employer). IRTHPLACE (State or country)	Contributory Secondary	(Duration)	yrs mos de
(0	10 NAME OF ROY PULLER	(Signal)	(Address) (Jo	og uslows will
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Violent Cause Accidental, Su	e Disease Causing Death, s, state (1) Means of Injudicidal or Homicidal.	or, in deaths from ury; and (2) whether
PA	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	At place of death yrs.	mos da, In the	
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease c if not at place of dest Former or usual residence	ontracted, h?	
15	(Address)	Preserved	in along	0-6-,1963/
310.	iled 197 192 6 Horth So-we	HU Bee	rial	ADDRESS
	If more blanks are needed, address State Registrar.	16 W. Saratoga S	St., Balto Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write Nonc. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupatious of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the (a) Foreman, (b) Automobile factory. The materia Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every persou, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative healthtired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, For persons who have uo occupation If the occupation has been changed aud children, not gainfully emsecond statement. therefore an The ques-

Statement of Cause of Death—Name, first, the Distance Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia").

symptomatic), "Atrophy," "Collapse," "Coma." conditions. ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Mcusics; myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas probably such, if impossible to determine definitely, and qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all rhage," "Inunition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure," "Haemor-Chronic interstitial nephritis, etc. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e. g., sepsis, tetanus) may be stated under the Poisoned by curbolic acid-probably suicide. State cause "Puerperal scoticaemia." "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease vulsions." Whooping cough; Chronic valvular Examples: (secondary or interemrent) of the injury, as fracture of skull, and conseof "contributory." -uccident; Revolver wound of head-homicide; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), such as "Asthenia." Accidental drowning; for which surgical operation was under (Recommendations on state-Example: Mcasles affection need not be "Amaemia" Struck by railway The contributory heart discuse; terminal (seeoud-(discase (merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

07 5 1931

V. S. Mo. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12281
1. PLACE OF DEATH	210
County Washing low	Registration Dist. No. 302
Village or City Hagstolown	No Wash. Co. Voshital St. 3 Ward
Length of residence in city of town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Carry & ay	ler
(a) Residence: No. Wages town (Usual place of abode)	Sty Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Yeer)
5a. Himarried, widowed, on liveled	22. I HEREBY CERTIFY. That I ettended decassed from
andown of last eyer	(0/25/,1931, to 10/26, 1931
6. DATE OF BIRTH (month, day, and yeer) Sau 2 1870	I last saw h alive on 10/25 / 1931; deeth is seld
7. AGE Yeers Months Deys If LESS then 1 day, hrs.	to have occurred on the data stated ebova, et II & Cam.
6/ 9 2 4 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Company, and the company of the comp
V 9. Industry or business in which	8,000
work wes dona, es SILK MILL, SAW MILL, BANK, etc	
this occupation (month and /24/3/ spent in this occupation /24/3/	
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
(State or country) Wary Cande	
13. NAME fleury Ey lex	
13. NAME 14. BIRTHPLACE (city or town) Fr Lange Courter (State or country)	Name of operation
(State of County)	Whet test confirmed diegnosis?
15. MAIOEN NAME Sama the Sound of the Construction of the Construc	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E. P. E. J. Per	Where did injury occur?
17. INFORMANT (Address) Hagers were lind	Specify whather injury occurred in moustki, in nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Place	Nature of injury 2 2
19. UNDERTAKER PENSITET TO OUS	24. Was disease or Injury In any way related to occupation of deceased?
(Address) A age to town his	(Signed) (Si
20. FILEO Registrar.	(Address) Karakana
	D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Part of the second	Example II	
The principal cause of death and related causes of importance were as follows: 5	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



7 5 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12282
infor- state UPA-	1. PLACE OF DEATH	(82-0)
	county XX ashing Yon	Registration Dist. No.
item of should of OCC	Village or City 100 whs will a	ND. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurred 40 yrs	
CORP. Every PHYSICIANS ct statement	2. FULL NAME Til ghman J. Fahrn	ney /
Sign	(a) Residence: No. Town Soille (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHIY ct s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO F. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
ENL TLT ed.	Male White Married.	(Month) (Day) (Year)
ACSSIF	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. SHEREBY CERTIFY. That t attended deceased from
	6. DATE OF BIRTH (month, day, end yeer) 7 1271 15-1860	I last saw h born ative on Ol 14 , 1973 !; death is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, at 5. H. m.
FOR IS A I stated proper ertifica	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of co	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Checker & States
K-TH lould may back	9. Industry or business in which work was done, as SILK MILL.	
S P S P E	O 10. Date deceased last worked at 11. Total time (years)	
	this occupation (month and spent in this 30 445	Other Contributory Causes of importance:
cti so DI	12. BIRTHPLACE (city or town) DRANEY CYREIL (State or country)	
KGI NFAI plied. rms, nstru	# 13. NAME 2 acob Fahrney	Culling sellions
MAJ H UN supp in ter	14. BIRTHPLACE (city or town) Deavey Creek	Name of operation
T A B	(otation country)	What test confirmed diagnosis?
INLY, W. be careful EATH in primportant.	15. MAIDEN NAME Elisabeth Middle Kay 16. BIRTHPLACE (city er town) Beaver Creek	33. If death was due to external ceuses (VIOLENCE) fill in elso the following:
car THI Port	[State or country]	Accident, suicide, or homicide?
AINLY, d be can DEATH	17. INFORMANT ITTAST. J. Fahrney	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Downson, 11 a Ma	
E w D w	18. BURIAL, CREMATION, OR REMOVAL PIECE TOURE & Stown, Mid Date Oct 8 , 1931	Nature of injury
WRITE WRITE CAUSE TION is	19. UNDERTAKER TAK, COXX YM CM	24. Was disease er injury in any way related to occupation of deceased?
B. C. H.	(Address) Hayers tourn, Mid	If so, specify
	20. FILED 10-16-, 193/6 Kost 1000000000000000000000000000000000000	(Signed) M. D. (Address) William Tank M. D.
3: Mmy		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial kephritis 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUMRAU V.S.			
The same of the sa			
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Andrew Andrew	Y		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

V. S. No.

3. SEX

6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Home WCTK OCCUPATION Andustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.... 1D. Date deceesad last worked et this occupation (month and 12. BIRTHPLACE (city or town) (State or country) Robert Hackey FATHER 13. NAME home Nama of oparation ... 14. BIRTHPLACE (city or town) (Steta or country) What tast confirmed diagnosis? _____ Was there an autopsy? ____ MOTHER 15. MAIDEN NAME Harriet Chialev 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? _____ Date of injury ______ 19_____ 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?_____ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Catherine Fletcher (Addrass) Hagerst wn. Ed. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Pleca Half Ray, Md. Date Oct. 26 19 31 Nature of injury_____ 24. Was diseasa or injury in any way related to occupation of dacaased? Teo Fred W. Kraiss 19. UNDERTAKER ___ (Address) Hagerstown if so, specify ____ (Signed) ...

Registrar.

(Addrass)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example LEIVE	ond	Example II	
The principal cause of death and related causes of importance were as follows: NOV 5 1931		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	\$ 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July8,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		11.08	<u> </u>
	. + 1	122	STATE OF MARYLAND
	Xao	PLACE OF DEATH	STATE OF MARYLAND
M	T W	County Washington	© CERTIFICATE OF DEATH
IN	K, bel	9	Registration Dist. No. 302
CORD	ated EXACTL operly classificertificate.	Village or City Hogenstonno. 1205 Un 2FULL NAME Charles agustu	tion, give its NAME in
<u> </u>	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
UNI	of of	3 SEX 4 COLOR OR RACE MARRIED WIDOWED. Cuidowed	16 DATE OF DEATH 10 - 5 - , 193/
N N	ouid be may be n back	Male White OR-DIVORCED (Write the word)	(Month) (Day) (Year)
Z Z	hou t m	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
BI	60 - 00	(Month) (Day) (Year)	that I last saw h (201 slive on 0 1 5 , 1973)
S A	Action	7 AGE [If LESS than	and that death occurred on the date stated above, at 2:15 A.n
F =	d. so truc	l day hrs.	The CAUSE OF DEATH * was as follows:
CH.	pplied erms e instr	83 yrs. // mos. 3 ds. or min.?	arteriosclerosis
> -	te te	a OCCUPATION (a) Trade, profession or O-4.	nephilis Chrone
H H	ain S	particular kind of work	Carcinoma Nose
ES	200	(b) General nature of industry business, or establishment in	(Duration)yrs,mosd
R S	d in orta	which employed or (employer)	Contributory Waenia
N	ATH mpo	9 BIRTHPLACE (State or country)	Secondary (Duration)yrs
NFA NFA	d b	1 10 NAME OF	HIS P-To-light
A 2	3 H 0	FATHER Charles a. Dahr	(Signed) 126/11/11/03shiredown
H	Sho is o	O II BIRTHPLACE	(C. 3. 1991. (Address) . S. b. W. Wasserigton
***	CAUS	Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	matile C/PATI	of MOTHER Mary S. Grout	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents)
1	state CCUPA	13 BIRTHPLACE OF MOTHER	At place in the of death yrs mos ds. State yrs mes
		(State or Country)	W/L disease contracted
_ (L)	0 3 7	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
T)	sh	(Informant) Mrs. Harry Smith	usual residence
N S	Every it CIANS stateme	(Address) Haqueton 1205 Ungina and	Bourston Cenutary Oct . 7. 193
H 2	Sta	15 10-4- 31 12 Last How was	20 UN DERTAKER ADDRESS
ž Ž	i i	Filed / 60 192/ Registrar	Wind Boonstoo h
>	2	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furner veor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screen Looks Housenaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Duy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthto report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm loborer, (b) Automobile foctory. The material If the occupation has been changed Loborer-Coal mine, etc. Architect, Locomolive not gainfully emengineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the bissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophal fever (the only definite synonym is "Epidemic cerebrophinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," "(Transition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcomo, etc., of approved or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping Recommendations on statement of cause of Never report mere symptoms or terminal condiby Committee on cough; Chronic etc. valvular heart disease; Nomenclature The contributory Measles; death

'It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	12286 STATE OF MARYLAND
a Wash dos	CERTIFICATE OF DEATH
County	301
South to line ?	Registration Dist. No.
Village City (No. 110) 20.	Ward) (If death occurred in a hospital or institu-
Jane X more	tion, give its NAME Instead of street and
2FULL NAME Character f	Mestature birth) number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH (ct 21, 1923/
unsall Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Ool 21 1931	Oct 2/ 192/ to Oct - 2/ , 182/
(Month) (Day) (Year)	that I last saw her alive on Oct 21, 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at 1,30 P, m.
I day 3 hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	()
(a) Trade, profession or	with the same of t
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrsmosds.
9 BIRTHPLACE D	Contributory
(State or country) Maryland	(Duration) yrsmosds.
10 NAME OF Junely is as	(Signed) 100 se M. D.
IN 11 BIRTHPLACE	(Address) (Address)
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bulah Bomberger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE June fort Mil	At place In the of death yrs mos ds. State yrs mos ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Miner Muses	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL
(Address) War front Mid	Villians rut Md (lot, 22 1931
Filed Oct, 22 1981 6.6 Nickard	albert Leaf Williamshet
If more blanks are needed, addre s tate Kegistra	r, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 5 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. en at home, who are engaged in the duties sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation -- Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, tion applies to each and every Foremon, first line will be sufficient, e. g., Farmer or Flanter, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesman. that fact may be indicated thus; Farmer (rewithout more precise specification as Doy For persons who have no occupation (b) (a) the kind of work and also (b) the Automobile factory. The person, irrespective of Locomolive engineer, 6 material Grocery, of the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL sephicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for inalignant neoplasms); inges, 'perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably smeide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin Whooping unqualified, American Medical Association.) etanus) may be stated under the head of "contributory." Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; is indefinite); Tuberculosis of lungs, men-Chronic Example: Measles (discase etc. affection need valvular heort disease; Nomenclature Always qualify all The contributory Measles; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1			12
	PLACE OF DEA	ua To	n_	
	County // Co			
Vil	lage or City	Bria	^ (No	^
	² FULL NAME	ma	ud L	hiffit
	PERSONAL AND	STATISTI	CAL PARTI	CULARS
F	kmale Ht	OR RACE	B SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the wo	
5 E	DATE OF BIRTH			
	***********************	(Month)	2.5 (Day)	, 1888 (Year)
7 A	GE			[If LESS than
	42	·	nos.	ds. or min.?
(a) Trade, profession of articular kind of work	14000	su N	ifa
b	 b) General nature of in usiness, or establishment which employed or (emp 	nt in	••••••••	
	SIRTHPLACE (State or country)	m	d	
	10 NAME OF FATHER	illia	m M	ats
RENTS	11 BIRTHPLACE OF FATHER (State or country)	m	مام	. 0
PARE	12 MAIDEN NAME 7	iary -	170	ef
	13 BIRTHPLACE OF MOTHER (State or Country)	1	mo	10
4	(Informative)	OTHE BEST	of MY KNOW	VLEDGE
	(Address)	rfill	mo	8
15	Filed 10 - 30 -	193/1En	uma 4	Junken

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 347

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL	CERTIFICAT	E OF DEATH	
6 DATE OF DEATH	10	29	1923/
4.000000000000000000000000000000000000	(Month)	(Day)	(Year)
17 I HEREBY C	ERTIFY, That I	attended the de	eccased fro
••••••••••••••••••	192, , to	••••••••••	, 192
hat I iast saw h	alive on		, 192
nd that death occurred			:34
he CAUSE OF DEATH	* was as follows:		
Pulmono		6	6
Juliano	ry ou	- cew	
	(Durstion)	1 ~	~
	(Durstion)	yrs	nos
Contributory	· · · · · · · · · · · · · · · · · · ·		************
Secondary			
-347	(Duration)	Rehues	1 Lewis
Signed) / Ruyon		1 Gating	Cotont
0. 19- 19231	(Address)	corpo	ua
*State the Diser Violent Causes, state Accidental, Suicidal or	ase Causing Des (1) Means of Homicidal.	ath, or, in de Injury and (2	ms from Whether
B LENGTH OF RESI			
ients or Recent Resid			
At place of deathyrs.,mos	ds.	the Stateyrs	mos
Where was disease contract f not at place of death?.	ted,		
ormer or seval residence		*******************************	
9 PLACE OF BURIAL	OR REMOVAL	DATE OF	BURIAL
mt Bris	ar	1121	. 193
2.1.1.	ar	ADDRESS	. 193

If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

r te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH 19998
infor- state UPA-	1. PLACE OF DEATH	157-6
	County Washsnoten	Registration Dist. No. 30 2
	Village or City Haberstown	No. 350 Shuty St. 4 Ward
	(If	death occurred in a hospital or institution, the its NAME instead of street and number)
Every STANS ement	Length of residence in city or town where death occurred	ds. How long In U.S. M of foreign birth?yrsmos,ds
Y.B. Every Y.SICIANS Statement	2. FULL NAME & anald. Z. Tropp	
	(a) Residence: No. 350 Mills (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECON. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y H	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write) the word)	21. DATE OF DEATH
G L L	male white Single	(Month) (Oay) (Year)
BINDING PERMANEN EXACTI y classified te.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. Deal ! HEREBY CERTIFY. That I attended deceased from
BIN ERM EX.	8.14 2- 1921	I last saw ham alive on UCL
FOR BI IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et 2 a.m.
FOR IS A P stated properlinea	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOI IS state prop	8. Trade, profession, or particular	were as follows:
ED IIIS pe pe of of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Congenital heart disease
	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	(potent foramen ovale)
VK-T should it may n back	SAW MILL, BANK, etc	
ESE INI E sh at it	this occupation (month and spent in this occupation year)	
NEGIN RESON RESON STADING I	71-00-1	Other Coutributory Causes of importance:
IN I	12. BIRTHPLACE (city or town) / Carter or country)	Consental astrona
MARGIN UNFADI supplied. n terms, so	11 13, NAME Perssell 4. Graff	
D in	E U.T. M.	Name of operation Oete of
· · · · ·	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Wes there an autopsy?
	15. MAIDEN NAME Parline L. Fourse	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
X, WITH carefully [H in pla ortant.	16. BIRTHPLACE (city or town) Hagustown	Accident, sulside, or homicide? Oate of injury
NEN PER CATT	(State or country) md	Where did Injury occur?
	17. INFORMANT Mr. Russell & Groff. (Address) Haguston Ma.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
TE n SE SE	Place March which medoate Oach 8 , 1931	- Nature of injury
-WRIT mation CAUSH	X X Z Minain	24. Wes disease or injury in any wey releted to occupation of deceesed?
TICE T	19. UNDERTAKER CANAL (Address) Regustorer Md.	If so, specify
S G	10-123/6/12 / BALLON	(Signed) Morumen / M.
-S Z	20. FILEO 1 19 19 1 Registrar.	(Address) Harriston, ma
		2411 N. Charles Street, Baltimore, Regueting U. S. No. 1.
	In M	rement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR F	FURTHER STA	TEMENTS BY	Y PHYSICIAN
------------------------	-------------	------------	-------------

		512	
180	SI-	PLACE OF DEATH	STATE OF MARYLAND
III	HYSI- Exact	County Washington	CERTIFICATE OF DEATH
	9d.	WITHIN CORPORATE LIMITO OF	Registration Dist. No. 30 2
SORD	I EXACTLY, Priy classified.	Village or City Hagestan (No. Muse 2 FULL NAME MASS Emma 8)	Wyland WSt.: Z Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
I	stated E properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
UNIO	ould be starmay be pro-	Female White (Write the word)	16 DATE OF DEAT October 16, 193/ (Month) (Day) (Year)
BIND	드바이	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from 1930. to October 16, 193/
R A	plied. ACE rums so that instructions	2 (Month) (24 (Day) (Year)	that I last saw her alive on September 29 1931.
FO	so t	7 AGE If LESS than	and that death occurred on the date stated above, at 5.30 A.m
D TIS	plied rms s instr	74 yrs. 8 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
RVE	supplied n terms See inst	B OCCUPATION (a) Trade, profession or Oh	Chrone Myseardosis
S X	uilly plain nt.	particular kind of work TONSE MY (b) General nature of industry	
E S	in p	business, or establishment in which employed or (employer)	(Duration) Jyrs mos ds
GIN	ATH mpo	9 BIRTHPLACE (State or country)	Contributory Same
IARC UNF.		10 NAME OF CO	(Duration) yrs mos ds
MA H U	OF S ve	FATHER Daniel Valentine	Och. 17, 1931 (Address) Hagesatown M
WIT	on s USE	OF FATHER (State or country) Tredrick ev	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LA,	rmatic te CA	of Mother Susan adams	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
LA	f inford state	OF MOTHER OF COUNTY SCRIFF MOY CON d	At place In the of deathyrsmosds. Stateyrswssds
<u>Д</u>	ofic	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
TE	item IS sho	(Informant)	usual residence
YES	Every i	(Address) Hagerslough Mil.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (D) /8. 19.3/
	SEv	Filed 10-18 1931 Chart Bowers Registrar	20 UNDERTAKER ADDRESS TIL AND RESTORMENT
	ż		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired-from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. busines, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation - Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer know without more precise specification as Day (a) the kind of work and also (b) the mill; (a) Salesman. -Coul mine, etc. Wom-3 Grocery;

spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pncumonia"); ed term for the same disease. Examples: Cerebrospina EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cercbropneumonia, Bronchopneumonia and causation), using always the same accent-("Pneumonia"

> American Medical Association.) approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Ethaustion, "Debility" tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, (secondar; or intercurrent) affection need Whooping Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of Never report mere symptoms or terminal condi ("Congenital," cough; "Congenital," "Senile," etc., "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart Example: Measles (disease etc. The contributory Nomenclature Always qualify all disease;

answered in detail, it will prevent further correspondence.) permanently filed data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al qu stions

PLACE OF DEATH	STATE OF MARYLAND
County Wash.	© CERTIFICATE OF DEATH
(0	Registration Dist. No. 3
Village petitellusus (No.	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Sufaul	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR BIVORCED (Write the word)	16 DATE OF DEATH / 8 / 3 , 1923/
6 DATE OF BIRTH /0 /3 19/	17 I HEREBY CERTIFY, That I attended the decessed from 10 13 19231. to 10 13 1.
(Month) (Day) (Year)	that I lost saw h Lalive on 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Johnsun all
a OCCUPATION (a) Trade, profession or	the state of the s
particular kind of work	8 10/ Russult > georate 9
(b) General nature of industry business, or establishment in	Placeala . (Duration) Lyre L mos de.
which employed or (employer)	Contributory
(State or country)	(Duration) yrs mos de.
FATHER SEAT Baker.	(Signed) Job Medowell. M. D.
O II/BIRTHPLACE	D. G. 1925 (Altrobal Supplied
OF FATHER (State of Country & Arrick . Mr	*State the Disease Causing Death, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER LOUA Valuerous.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wash Co. Md.	At place of death yrs mos, de. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY MNOWLEDGE	Where was disease contracted, if not et place of deeth?
(Informant) & ascar Baker.	Former or usual residence
(Alexan) Apillinace) MA	19 PLACE OF BURIAL OR REMOVAL DATE/OF BURIAL Manor Certify. Oct. 15, 1931
15 Filed act 14 1921 N. Molocus Registrar	20 UNDERTAKER BAKEN Spielmans M.
If more bianks are needed, address State Registra	, 16 W. Saratoga St., Belto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH; gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Civil engineer, whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septieacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

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PLACE OF DEATH	STATE OF MARYLAND
County Mashing Tou	CERTIFICATE OF DEATH
	Registration Dist. No. 316
Village or City Kurdysville (No.	
Village or City/ (Walls of No.	St.: Ward) a (If death occurred in a hospital or institu-
2 FULL NAME Doris & Harba	tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH ONL- 29, 1931
He While OR DIVORCED	
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decaased from
A COL	
(Monyh) (Day) (Yesr)	that I last saw haliva on, 192,
7 AGE If LESS than	and that death occurred on the data stated above, at 1210m.
L // I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. 7 ds. or min.?	bout du to biarrhen
(a) Trade, profession or	na modicar alleater
particular kind of work (b) General nature of industry	
business, or establishment in	(Durstion)yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
11D NAME OF A A CO	(Duration)
FATHER Unrilian Dunlly	(Signed)
II BIRTHPLACE	1921 (Address) Detta on in deaths (200)
OF FATHER (State or country)	*State the Disease Causing Desth, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER () Arola Karlanda	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Racent Residents)
OF MOTHER A	At place of desthyrsmosds. In the Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Rhoda Had	Former or usual residence
(Informant)	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (way swell ma	Bosseboro Oct 31 .21
160 x1041 +.	20 UNDERTAKER ADDRESS
Filed CV 31 1921 A Leeling Registrat	G & Sumant Cokgrobes will
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Laborer, Rarm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman. nature of the husiness or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return" Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincough; Chronic valvular etc. The Nomenclature heart contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Ar ar A	STATE OF MARYLAND—	CERTIFICATE OF DEATH		
infor- state UPA-	1. PLACE OF DEATH	- (b)		
occ l	County Hashing on	Registration Dist. No. 30		
item of should of OCC	Village or City Adar Leiterburg mid	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
70	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth? 29 yrs mos. 21 ds.		
Every JANS ment	2. FULL NAME Coleggett a. Har	the		
RD. E	(a) Residence: No.	St., Ward.		
C AND THE REAL PROPERTY.	(Usual place of abode)	If nonresident give city or town and State		
RECO Pr Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warrel	21. DATE OF DEATH (Month) (Day) (Year)		
MANER A C T assified	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended daceased from		
G X Z	8-20-1862	lest saw har alive on 60, 10 19.27; daeth is said		
PE E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at 130 P.m.		
FUK B. IS A PE stated E properly certificate	69 - 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Date of onset		
70	8. Trade, profession, or perticular kind of work done, as SPINNER, Farmer	5 0		
VED THIS Id be ay be ck of	SAWYER, BODKKEEPER, etc.	in head.		
K—T hould may back	9. Adustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.			
EST IN IN IN In it	11. Total time (yeers) this occupetion (month and year)			
NFADING INTERPLET INTERIOR INT	12. BIRTHPLACE (city or town) Leiturberg sund	Other Contributory Causes of importance:		
ADIII d. s, so ructi	(Stete or country)			
NFA NFA plied rms, instru	13. NAME Soloman Startle			
U. U. sup	14. BIRTHPLACE (city or town) cuttersburg rund	Neme of operation Dete of		
Iy Ily	(State or country)	What test confirmed diagnosis? Wes there an autopsy?		
Y, WIT) carefully [H in pla ortant.	15. MAIDEN NAME Devit. Perow	23. if deeth was due to external ceuses (VIDLENCE) fill In also the following:		
INLY, WI be careful EATH in pimportant.	[16, BIRTHPLACE (city or town) Cuckeroses	Accident, suicide, or homicide 2 mile from Leutes from		
INLY, be car EATH import	S (Stete er country)	(Specify city or town, county and State)		
PLAINLY ould be con DEATH	17. INFORMANT Joseph Hartle.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
40	18. BURIAL, CREMATION, DR BENDVAL	Manner of Injury Sun Shot		
ITE on s SE N is	Place Lectershing Country /3 193/	Nature of injury Top of head blown of		
-WRITE mation s CAUSE FION is	19. UNDERTAKER Seo By Hoover	24. Was disease or injury in eny wey releted to occupation of deceased?		
B B	(Address) smjety byg good	If so, specify		
z Z	20. FILED U.C. 1.2 13 17 1 MANION Registrar.	(Signed) (Address) 239 N. Fotomac SK		
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis (b) 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributeur course of i		
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

N. 83.

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	PLACE OF DEATH 12292	STATE OF MARYLAND
C	ounty Washington	© CERTIFICATE OF DEATH
	WITHIN CURPORATE LIMITS OF	Registration Dist. No.
/illa	age or City Hagristown (No. 711, 70	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- scend of street and
	2 FULL NAME Stellborn Jufant	Huel street and number.)
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	dunn 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 LI HEREBY CERTIFY, That I attended the deceased from
D.	(Month) (Day), 1931	that I hast saw he alive on Outh 11 , 1921,
AG		and that death occurred on the date stated above, at
(a) (b) b) w	CCUPATION) Trade, profession or Articular kind of work.) General nature of industry usiness, or establishment in hich employed or (employer). RTHPLACE (State or country)	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
	10 NAME OF ROTH a House	(Signed) (40 (Olliver) Wa
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	OF MOTHER (State or country) May lurd	At place of death yrs. mos da, State, yrs mos da,
4 T	(Informant) The Work a Hure	Where was disease contracted, if not at place of death?
	(Address) Hagritan Wa	Preserved in alexand 10 ~ 10 - 13
s F	iled 10-12- 1931 Chaff Bours	Moshington Co. Hospital Hay astorm

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the disease causing Death gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked ou may form part of the (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial cuployments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various purguits can be known. The quescupation is very important, so that the relative health tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc For many occupations a single word or term on If the occupation has been changed and children, not gainfully emsecond statement.

spinal meuingitis"); Diphtheria (avoid use of "Croup") to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with residet Typhoid fever (uever report "Typhoid pueumenia") fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal Lobar Statement of Cause of Death-Name, first, the bispneumonia, Bronchopneumonia ("Pneumonia."

> diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes: " etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, ctc. The contributory Nomenclature of the American Medical Association.) ment of cause of death approved by Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause "Puerperal seplicaemia." "Puerperal peritonitis," "Dropsy." "Exhansticu." "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; of the injury, as fracture of skull, and conse-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congeuital," "Scnile," etc.); for which surgical operation was under-(Recommendations on state-Example: Measles (disease Committee on (merely

eile. All the data is essential and must be obtained before the certificate is permanently filed. tibus answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

RESERVED

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. Physician, Compositor, Architect. Housemaid, etc. If the occupation has been changed nuer, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Locomolive engineer, But in

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma, as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; Chronic " "Old Age, " "Shock," affection valvular heart disease; necd Measles ; not be etc., of

If this certificate is looked over thoroughly and all questions naswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	PLACE OF DEATH 12295 County (Lashington)	STATE OF MARYLAND CERTIFICATE OF DEATH
	WYTHINGORPORATE LIMITO OF	Registration Dist. No. 302
	Village or City Haguston No. 457 Sur 2FULL NAME Hattie W. N	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WHOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH (Day) -, 1878 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work (b) General nature of industry	Carinome Breast
9	business, or establishment in which employed or (employer)	(Duration)yrs,mosds.
	9 BIRTHPLACE (State or country)	Contributory Secondary (Doration)yrs
	10 NAME OF Daniel W. Wyand	(Signed) M. D. /U-3 1927 (Address)
	II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Mary 6. Smyder 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country) Maryland	At place of deathmosds. In the Statemosds. Where was disease contracted,
	(Informant) C. Chinton Hoffmaster	former or usual residence 19 PLACE DE BURIAL OR REMOVAL DATE OF BURIAL
	(Address Hagestone - 457. Sunta	19 PLACE DE BURIAL OR REMOVAL DATE OF BURIAL LE COMPANY DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
	Filed 10-3-193/6Hasftlowers Registrar	(Din 7 Bast 45m Borneboro
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plonter, Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation, (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup": Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid approved telanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Corcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencorbolic ocid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Chronie interstitial nephritis, Whooping cough; (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway troin-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
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Arteriosclerosis NOV 5 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial stephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage & J. L V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

(VI.a)	Registration	Dist. No. 3	06
A1		C.	Wood
death occurred in a hospital or instit	ution, give its NAMI	instead of street and	Ward
	of foreign birth?		
enolal.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Model			
St., Ward.			
	If nonresident	give city or town an	d State
MEDICAL C	CERTIFICATE	OF DEATH	
21. DATE OF DEATH	26		
	DO	29	, 193
	(Month)	(Day)	(Yeer)
22. LHEREB	YCERTIF	Y. That I attended	deceesed from
Ork 22 2	103/ 40.3/	000	193/
	10to 25-12	****	
I last saw https:// elive on 2	10		; death is said
to have occurred on the date ste	ted above, et_/	30,4.m.	
The PRINCIPAL CAUSE OF DEA		-	Date of onset
Brouch	ids Bun	monde	(400) 22
Other Contributory Causes of im-	portance:		
		<i>~</i>	
yeute.	ma igellion	W	
Neme of operation		Date of	
Whet test confirmed diagnosis?_			
23. If death was due to external c	euses (VIOLENCE) fi	II in elso the following	ng:
Accident, suicide, or homicide?	•••••	Date of injury	, 19
Where did Injury occur?			
Specify whether Injury occurred	(Specify city of	town, county and St	ate)
Specify whether injury occurred	in incoorni, in inc	THE, OF HIT ODERO T	ENUL.
Manner of injury			
Neture of injury			
24. Wes disease or injury in any	way releted to occup	etion of deceased?	10
If so, specify	n -		
Lord ha	Whahm.	udas-	\$4 B
(Signed)	and the later	WIN	
(Address)	THUM PYNY	- W.T.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 362 (If death occurred in a hospit I or institution, give its NAME i -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 4 COLOR OR RACE MARRIED WIDOWED (Month) (Day) That I attended the deceased from (Day) 7 AGE IIILESS than and that death occurred on the date stated above, at . I day hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or. 2 0 particular kind of work 9 (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE MARGIN (State or country) 10 NAME OF 0 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in HZ deaths from OZ Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) CAU W 12 MAIDEN NAME œ LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA state ccup/ ents or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... yrs....... mos.ds. (State or country) 00 Where was disesse contracted, if not at place of dea:h? oul BEST OF MY KNOWLEDGE usual residence 00 Every it CIANS stateme DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Filed / W. Saratoga St., If more branks are needed, address State Registrar, 16

(Approved by U. S. Census and American Public Health Association.)

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approved by Committee on Nomenclature of the American Medical Association. telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitie," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles; not be

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ESERV

MARGIN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al quistions

permanently filed.

state Every item of inforof OCCUPA. should PHYSICIANS Exact statement stated EXACTLY. PERMANEN properly classified. FOR BINDING certificate. IS THIS MARGIN RESERVED See instructions on back of should CAUSE OF DEATH in plain terms, so that it may VITH UNFADING mation should be carefully supplied. TION is very important -WRITE PLAINLY ż

S 1. PLACE OF DEA		F MAR	YLAND-	CERTIFICATE OF DEATH 12300
County Washington Village or City Hagerstown, Md.			LIMITS OF	Registration Dist. No. 30 No. Washington Co. Hospitalst. S Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in c	ity or town where de	eath occurred		death occurred the hospital of institution, give its invalve instead of street and number) death occurred the hospital of institution, give its invalve instead of street and number) death occurred the hospital of institution, give its invalve instead of street and number)
2. FULL NAME	_		Street	St., 3 Ward. If nonresident give city or town and State
PERSONAL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	r or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Cotober 9, 1931. (Month) (Ogy) (Year)
a. If married, widowed, or dive HUSBANO of (or) WIFE of	Fannie	M. Mar	tz	22. OCH HEREBY CERTIFY. That I attanded daceased fro
5. DATE OF BIRTH (month, da	Oct	tober 2	0, 1863	I last saw h. wa alive on Ock 9, 19 / ; death is sal
AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, a 6:00 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
kind of work dona SAWYER, BOOKKEI OF SAWYER, BOOKKEI OF SAWYER, BOOKKEI OF SAWYER, BOOKKEI OF SAW MILL, BANK, 10. Data deceased lest wo this occupation (moyear)	rked at onth and	Sp3	time (years) ent in this upation County	Olher Contributory Causes of importance:
13. NAME Da	vid Mar	tz		To Xluna from Minary & X Travalling
14. BIRTHPLACE (city or to		d .		Name of operetion sprafach c Cyp tolony Dala of Oct 1, 19. What test confirmed diagnosis has a processing was there an autopsymbol
15. MAIOEN NAME Manala heeder 16. BIRTHPLACE (city or town)				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 45 and 0 ate of Injury 77, 1931 Where did Injury occurs & Many Package Have 1974. 6 and
17. INFORMANT Mrs. Fannie Mertz (Address) Hagerstown, Md.			tz	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (A) School Huse) in Manual Section.
18. BURIAL, CREMATION, OR Place Boons bo	REMOVAL	•	. 12,,1931	Manner of injury tell of The & terry School house. Nature of injury tactural Geleris, Replaced Bladle
	d W. Kra			24. Was disease or injury in any way related to occupation of deceased the lift so specify because we are the fell from roof of (Signed).
20. FILEO.	19 OHA	11/100	Registrar.	(Address) Hazer trul and 17

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example I		Example II	
The principal cause of de of importance were as fol	lows:	-32	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 5 1931	July 5,1927	Peritonitis	3 days ago
	RUREAU V.	5.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE C	F MARYLAND-	CERTIFICATE OF DEATH 12	301
1. PLACE OF DEATH		186-0	02
County Washer	uston	Registration Dist. No.	
Village or City 76 4	vitour	No. Wash St., St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence In city or town where o			
2. FULL NAME Mary	duran his	Atheres	
(a) Residence: No. 52-5	da le un Gue	St., Ward.	
(a) Residence. No.	(Usual place of abode)	It nonresident give city or town and	d State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SERS 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	192
Lunale White	marriel	(Month) (Day)	(Year)
5a. If married, widowed, or divorted hosband of (or) WIFE of	1. 200-41	22. HEREBY CERTIFY That attended	deceesed from
- Caul	al matthews	Jet 2 - 1931 to fet 26	, 190
6. DATE OF BIRTH (month, day, end year)	way. 17869	I last saw have alive on Oct 36 , 1907	; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date steted above, and m. The PRINCIPAL CAUSE OF DEATH end related causes of importence	
62 0	24 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Convers & to	2 4 1 2	111
Industry or business in which	er mor une	Granus (yemm	1/2/2/
work was done, as SILK MILL, SAW MILL, BANK, etc.	•//		
0 10. Date deceesed lest worked at this occupation (month and	11. Total time (years) spent In this		
yeer)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) - (COC)	ingham Co	Che, Myrande	
~	a; Ilan	0.000	
13. NAME	King to day (5)	Name of acceptance Date of	**
14. BIRTHPLACE (city or town)	Ta .	Name of operation	autoney?
# 15. MAIDEN NAME HOLLING	the willer	23. If death was due to externel causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Kiefham Co	71	
16. BIRTHPLACE (city or town) (Stete or couplry)	(a)	Where did injury occur? Home Legentour	ny
17. INFORMANT & C MICA	thews	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
(Address) 1528 Ja	lun are	Home	
18. BURIAL, CREMATION, OR REMOVAL	10/20 31	Manner of injury Telf while Kong of	della
Piece -/- Color	Date, 1907.	Nature of injury Continued 10 mg	
19. UNDERTAKER . C	W/ Jour	24. Was disease or injury in eny wey related to occupation of deceased?	
(Address)	Jun ung	If so, specify (Signed)	8A
20. FILEO 2 7, 19,3 / 10	Registrar.	(Signed) (Address) Hereuston M	/
If more		2411 N. Charles Street, Baltimore, Regulesting U. S. No. 1.	
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regulesting U. S. No. 1.	

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	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	H NGV 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	T U V. B	July 5, 1927	Peritonitis	3 days ago
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		J		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of sale

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthnature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Sarvant, Cook, Housemaid, etc. If the occupation has been changed er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, whatever, write None. business, that fact may be indicated thus; Furmer freor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form loborer, Loborer—Coat mine, etc. women at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on yrs). For persons who have no occupation Form loborer, Loborerwithout more precise specification as Day (a) the kind of work and also (b) the mill; (a) Salesman. -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the pisses EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospical*) fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. use of "Tumor" for malignant neoplasms); Meosles; American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," ", Exhaustion, " "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (increly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Examples: Accidental drawning; Struck by railway train-(Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; "Heart failure," "Haemorrhage," Chronic and consequences (e. g., sepsis, statement of cause of Example: Measles (disease etc. The contributory valvular heart Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	PLACE OF DEATH	STATE OF MARYL
Co	ounty Madhrightess	95-6 Registration Dist. N
Villa	age or City Boushow (No.	St; Ward) (If d a hosp
	2 FULL NAME Oly de Reifard I	tion, gi
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 81	Male White Single, Wildowsh Con Divorced (Write the word)	16 DATE OF DEATH John 2. (Month) (Da
6 DA	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended to
	(Month) (Day) (Year)	that I lest saw h/M. alive on Selfofes
7 AG	It LESS than	The CAUSE OF DEATH & was as follows:
	dayhra.	Rheumalie Cardia V
bu wh	Trade, profession or criticular kind of work General nature of industry isiness, or establishment in hinch employed or (employer) RTHPLACE (State or country)	(Duration)yrs Contributory
	10 NAME OF A TAIL	(Signed) A B G G Bev
ENTS	11 BIRTHPLACE OF FATHER (State or country) Wash. Co.	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury; and
PARI	12 MAIDEN NAME OF MOTHER GOSESSALUL Loudous lager	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, In lents, or Recent Residents)
	13 HERTUPLACE OF MOTHER (State or country) Wash.	At place of death yrs mos da. State, yrs
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Jather	Former or usual residence
15	(Address) Boonstow,	19 PLACE OF BURIAL OR REMOVAL SAFE
	iled Oct. 23. 1917 William J. Bast.	26 UNDERTAKER APORT
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No.

F MARYLAND TE OF DEATH

ition Dist. No. 385

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) ard)

TE OF DEATH

I attended the deceased from

Death, or, in deaths from ! Injury; and (2) whether

Hospitals, Institutions, Trans-

In the State, yrs. mos. da.

......yrs.....mos......

(Approved by U. S. Census and American Public Health Association.)

state occupation at leginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter tion applie to each and every person, irrespective of eupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (reor given up on account of the distase causing diath, work. or At Home, and children, not gainfully, emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form par; of the second statement sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neeswhatever, write None. Housemedid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, fulness of various pursuits can be known. The ques-Statement of Occupation Precise statement of oc-Foreman, (b) Automobile factory. The material 6 yrs.). For persons who have no oecupation For many occupations a single word or term on without more precise specification as Day -Coul mine, etc. Wom--

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroand? fever (the only definite synonym is "Epidemic cerebroaspinal inchingitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid pneumonia); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing deaths, 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); (name ofigin; "Cancer" is less definite; avoid indies, peritonacum, etc., Carcinoma, Sarcona, etc., of head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropey." "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on ture of the injury, as fracture of skull, and eonse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerpieal seplicaemia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weeknes." etc., when a definite disease vulsions." (secondary or intercurrent) affection need not be "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease Meusles; The na-(second-(merely etc.

If this certificate is 10-ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 Ward) If death occurred in a hospital or instituion, give its NAME instead of street and Lumber.) 0100 PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR/OR RACE | 5 SINGLE hay be 6 DATE OF BIRTH s so that (Month) (Day) (Year) opcurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. ds. or min. ? ter 00 8 OCCUPATION (a) Trade, profession or particular kind of work important. (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLAOT (State of Country) 0 10 NAME OF ENT *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal, (State or country) 0 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, er Recent Residents) At place (State or Country) of death yrs.....mos.....da. State, yrs. mos. da Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST, OF if not at place of death?... Former or usual residence. ACE OF BURIAL OR KEMOVAL if more blanks are notifed, addless State Registrar. 16 W.

(Approved by U. S. Census and American Public Health-Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. fired 6 yrs.). business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At "chool or At home. Care should be taken work. or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househonsehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Croccry; additional line is provided nature of the business or industry, and therefore an worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationery foremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation -Precise statement of oc ete., For many occupations a single word or without more precise specification as Day For persons who have no occupation for the latter statement; it -Coal mine, etc. Wom-As examples: (a) The ques-

ELECTION OF LAURE OF Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pacumonia, Branchopneumonia ("Pneumonia,")

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BINDIN

RESERVED

MARGIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5, 1927	Peritonitis	3 days ago
1 2 2 1 23			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	ECORD Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA-	
FOR BINDING	IS A PERMANENT R	stated EXACTLY.	properly classified. E	certificate.
S. No. 1 A MARGIN RESERVED FOR BINDING	N. BWRITG-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
7. S. No. 1	N. BWRING PLAINLY	mation should be ca	CAUSE OF DEATH	TION is very impos

	No. 29 C. Lottornac St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Upton Oscar Norris (a) Residence: No. Williamsport Md (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male 4. COLORDOR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married	21. DATE OF DEATH Oct. 15 1931 ₁₉₃ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Belle Syster	22. Och I HEREBY CERTIFY That I attended deceased from 1931, to Och 1931
6. DATE OF BIRTH (month, day, and year) Feb. 16. 1862	I last saw ham alive on Oct 15-31 19 daeth is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 6 • 45 m. A • 20 e. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Juleucules valmerrany. Dithar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Maryland (State or country)	Thouse :
13. NAME Milton Norris	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Stine	
16. BIRTHPLACE (city er town)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, sulcide, or homicide?
17. INFORMANT Williamsport Md (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL **Piaclliamsport Md Date Oct. 1710.31	Mannar of Injury
19. UNDERTAKER Albert Leaf (Address) Williamsport & Markard 20. FILED Octo 17, 1931 O. C. Wickard Registrar.	24. Was disease or Injury in any way related to occupation of deceased? No. If so, spacify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g.; heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE	ron	FURTHER	STATEMENTS	BI	PHYSICIAN

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) CERTIFY, That attended the ased from

and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

(Duration) Secondary ...mos....

(Address) State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the At place yra.....ds. Where was disease contracted,

if not at place of death?

Former or usual residence

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; is sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, book, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farme to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as For persons who have no occupation (b) Automobile factory. The materia person, irrespective of (b) engineer, Grocery; PHONE Day

Statement of Cause of Death—Name, first, the pixex EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: *Cerebros pinet fever* (the only definite synonym is "Epidemic cerebros spinal meningitis"); *Diphtheria* avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia,"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,");

Thetanius) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) stated unless important. Example: Measles (disease "PUERPERAL septicasmia," "PUERPERAL perilonitis," approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbelic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; l'oisoned by Examples: A ceidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; affection need not be etc. The contributory Nomenclature

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH County Washington Village or City Haserst Length of residence in city or town where 2. FULL NAME Mrs Ella (a) Residence: No. 222 S	death occurred	yrs,.	mos	Registration Dist. No. St., death occurred in a hospital of instruction, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	Ward number)
PERSONAL AND STATIST				MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE W1 d O	RRED, W	100WEO,	21. DATE OF DEATH Oct. 17. 1931 (Month) (Oay)	, 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W Pa 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	April Days	If L	1867 ESS than	22. HEREBY CERTIFY. That I attended 1 last saw her alive on Oct. 16. 19% to have occurred on the date stated above, at 5 • 40 4	1901/
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased last worked at this exercise this constitution of the state of the second in this constitution of the second in the second in this constitution of the second in the			The PRINCIPAL CAUSE OF DEATH and related causes of importanco were as follows:	Date of onset	
12. BIRTHPLACE (city or town) Mary 19 (State or country)		time (year ent in this upation	lif	Other Contributory Causes of Importance:	
13. NAME JOHN 1100	yland	*****	*********	Name of operation Date of Was there an	autopsy
15. MAIOEN NAME Massaren 16. BIRTHPLACE (city or town). Mary (State or country) 17. INFORMANT (Address). Hagerst	ton ton			23. If death was due to external causes (VIOL ENCE) fill in also the followin Accident, suicide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county and State Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PL	ig: , 19
18. BURIAL, CREMATION, OR REMOVAL	Oate Oct-	21	, 19-Z]	Manner of injury	
19. UNOERTAKER Albert Lea Will 20. FILED 19-19-, 103/1076	f izmsport	ocere	Registrar.	24. Was disease er injury In any way related to occupation of deceased? If so, specify (Signed) Letter Arony (Address Willi aura both	20 M.O

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	}		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

RESERVED

MARGIN

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	Example I	7	Example II	
The principal cause of importance were as	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURNAU V. S.	July 5, 1927	Peritonitis	3 days ago
	The state of the s	5		
Other contributory ca	auses of importance:	7.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A- A-	STATE OF MARYLAND	CERTIFICATE OF DEATH 12311)
infor- state UPA-	1. PLAGE OF DEATH	(131)
	www. Mullellow.	Registration Dist. No. 704
E E	Village or City 2 10000	No. St., Ward
= 0	Length of residence in city or town where death occurred VI mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Mw long U.S. if of foreign birth?
CORD. Every PHYSICIANS act statement	2. FULL NAME OGRALI CHEM	(Yellman:
SIC:	(a) Residence: No.	St., Ward.
HYS st	(Usual place of abode)	If nonresident give city or town and State
ECOR PHY xact s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A H	SIX A. COOK OR MACE S. SINGL. MARRIED, WIDOWED. OR SIVORCED Crurite the wird)	21. DATE OF DEATH (Month) (Day) (Year)
ING NED CT	5a. If married, withouted, of divorced husband of	
NDING X A C T I	(or) WIFE of felliam Muan	19 July 19 Jul
	6. DATE OF BIRTH (month, day, and year)	Nast saw h 2 aliva on 15/27/ 10 death is sald
a	7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 7.45 m.
FOR IS A stated proper	63 8 14 1 day, hrs.	TAE PRINCIPAL CAUSE OF DEATH and related causes of importance page as follows:
- 70	8 Trade, profession, or particular kind of work done, as SPINNER LLO E	Coursing reforms
TED THIS I pe he he he he he he		Chrone graturas
SERVI NK-T) should it may n back	Q- work was done as SII K MIII	Marga Cro de Les Tail Con
SE Ni Sh sh it	SAW MILL, BANN, etc. 10. Date deceased last worked at this occupation (month and spent in this	to kneed
REST AGE THAT THAT	yaar) occupation	Other Contributory Causes of importance
F4	12. BIRTHPLACE (city or town) The Company (Stata or country)	
MARGIN UNFADI supplied. n terms, so		-
A DES	EZZ	Name of operation
Sair	A 14 BIRTUPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME LUCABELLE SUNGES	Andeath was dua to external causes (VIOLENCE) fill in also the following:
<u> </u>	15. MAIDEN NAME SUPERIOR SUMPLIES CONTROL OF	Accident, suicide, or homicide? Date of injury, 19
AINLY, id be can DEATH	Stata of country	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT CL CHURACE (Address)	pedify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
7-7 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE ation s AUSE ION is	Place Hullyn Ly a Date / 20 , 19	Nature of injury
WRITH mation CAUSE	19. UNDERTAKER J. Jew Cury	24. Was disease or injury in any way related to occupation of deceased?
No.	(Address) politice of The	If so, specify
» ×	20. FILED/0/29, 193/ Deletting.	(Signad) Jacoch M. D.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis		1921	Run over by street cor	1 week ago
Cerebral hemorrhage	NOV 8 1991	July 5,1927	Peritonitis	3 days ago
	BUILDAR V			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Rublic Health Association.)

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Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehodneumonia ("Preumonia").

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acie as probably such, if impossible to determine definitely and qualify as-acoidental, suicidal, or homicidal, or "Puerperal septicuemia." "Puerperal pertionitis," etc. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained at the cause. Always qualify all "Uraemia," "Weaknes;" etc., when a definite disease rhage," "Inunition." "Murasmus," "Old Age," "Shock," symptomatic, "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; use of "Tumor" inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentrain—accident; Revolvey wound of head—homicide; Examples: Accidental ideocening; Struck by railway (secondary or intercurrent) affection need not be .. (name orighn; "Cancer" ls less definite; avoid FOR VIOLENT D. ATHS STATE MEANS OF INJURY "contributory." (Recommendations on statefor malignant neoplasms); Meusles; Example: Measles (disease -probably suicide. (merely

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W 3 19

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



r- te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12313
infor stat UPA	1. PLACE OF DEATH	(23)
7.5	county Washington	Registration Dist. No. 30/
item of should of OCC	Village or City XX 111 am > port	No. 36 6 0 to mcc St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
- 02	Length ot residence In city or town where death occurred	ds. How long In U.S. if of foreign birth?yrs mos ds
CORD. Every PHYSICIANS or statement	2. FULL NAME) do H. Misple	
SIC SIC	(a) Residence: No. 3 (To to mac	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECOI . PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
DIN IAN A C A C	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Culherine arabones	22. HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) NMT. 8. 1853	I last saw h Min. alive on Oct. 9- 1931; death is said
PI PI PI PI Cate	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10 Qm.
FOR BI IS A PE stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
. 70	8. Trada, profession, or particular kind work done as SPINNER	1
ED HIS	kind work done, as SPINNER, SAWY: BOOKKEEPER, etc.	Luberculose not Prom
SERVI SK-T) should it may n back	work was done, as SILK MILL, Set i yed	
SE N.F. S. P. S. P	U 10. Date deceased last worked at 11. Total tima (years)	
RES I	year) year) spant in this So 4k2	Other Contributory Causes of importance:
2 4 - 5	12. BIRTHPLACE (city or town) ITTUY 10 W.	Eyhantion
MARGIN UNFADI supplied. n terms, so	(Stata or country) W - Va	Chrosie Courtifation
MARGI UNFA supplied n terms,	13. NAME William Mipple	
M.H. U. suljin t	13. NAME William Kipple 14. BIRTHPLACE (city or town) I ar parsterry	Nama of operation
Effa.	(State of County)	What test confirmed diagnosis?
refu	15. MAIDEN NAME Fleany Williams. 16. BIRTHPLACE (City & Town) W. Mi ams put	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
car TH Ports	O 16. BIRTHPLACE (city at town) 11. Company 12. Company 13. Company 14. Co	Accidant, sulcida, or homicida?
	17. INFORMANT MYS Cath Pipple	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
E S E S S S S S S S S S S S S S S S S S	Place Williamsport Date Oct 12, 1931	Nature of injury
WRITE mation s	HX CION MALL	24. Was disease or injury in any way related to occupation of daceased? 200-
B.—V	19. UNDERTAKER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If so, specify
N. S. N.	20. FILED Qet. 10. 1031 Co. C. Rickard	(Signed) Williehardson M. I
» ż	20. FILED CONT. V., 190 J. Ave. C., USICI D'AMESTRA.	(Address) Williamsport Mol.
Dr Michan	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ATTETTOSCICTOSTS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroentcritis	1 year

This man was nevy	my patient.	suppore the case fran
been reported before to	y ahelita phys	icion
		450

te F	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12314
infor- state UPA-	1. PLACE OF DEATH	
of i	Village or City The Garage	No.24 Puhy Registration Dist. No. 3020 No.24 Puhy Registration Dist. No. 3020 Ward
·= 0	9 (16	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME COYO L. 190h; son	
rSICIANS	(a) Residence: No. 24 Ruby Hve	St., 5 Ward.
	(Usus liplace of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECOI PHY Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
E H	Female Colored OR DIVORCED (write the word)	(Month) (Day) (Yaer)
BINDING PERMANEN EXACTL ly classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 50 km	22. ALHEREBY CERTIFY. That I attended deceased from 12. 1931 to Conct 14 1931
BIN PERN EX rly cl	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Day If LESS than	I last saw h alive on Color 1 1 30 P, 193/; death is seld to have occurred on the date stated above, at
FOR BI	8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 10	kind of work done, es SPINNER, HOUSE WOYL	7
RESERVED G INK—THIS GE should be that it may be ons on back of	work was done, as SILK MILL, SAW MILL, BAIK, atc 1D. Date deceased lest worked at this occupation (mouth and 1/2) 11. Total time (years) spent in this /- (IVC)	
IN RES DING I . AGE so that	year) occupation (J. 4.7.5,	Other Contributory Causes of importance:
	(State or country)	
AR UN uppl teru	E 62	Data of
H = 10	14. BIRTHPLACE (city or town) TV 0 MT 0704	Name of operetion Date of What test confirmed diagnosis? Was there an autopsy?
A. Wrfh UNFA carefully supplied (H in plain terms, ortant. See instru	15. MAIDEN NAME Cra Robison. 16. BIRTHPLACE (city or town) Wayy-n (State or country)	23. If death wes due to externel causes (VIDLENCE) fill in also the following:
ert Har	16. BIRTHPLACE (city or town) VV a y Y - N (State or country)	Accident, sulcide, or homicide? Dete of injury, 19 Where did Injury occur?
AINLY, We ld be careful DEATH in	17. INFORMANT COYA French	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
-WRITE PLAINLY, mation should be car CAUSE OF DEATH TION is very import	18. BURIAL, CREMATION, DR REMOVAL Place HOURYS DUNNIN Date Of 16 1931	Manner of Injury
WRITE mation s CAUSE TION is	07000	Nature of Injury
9	19. UNDERTAKER H. K. C. J. May (Addiess) Hayerstown, No	24. Was disease or Injury In any way related to occupation of deceased?
×. ×. ×. ×. ×. ×. ×. ×. ×. ×. ×. ×. ×. ×	20. FILED 10-16-, 1931 6 Kos H30cen C. Registrar.	(Signed). / Lu gerlown m.C.
(Tord) 61	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10:-The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritist() 5 1031	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH. 12315
1. PLACE OF DEATH	(23)
county Washington	Registration Dist. No. 30 Z
Village or City Leiler burg-	NoSt.,Ward
Length of residence in city or town where death occurred 3yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME HENRY E. No ckunll	
No. 1 V	St. Ward.
(a) Residence: Woody Letter Land Nurg (Usual place of bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While Married	(Month) (Oay) (Yoer)
5a. If married, widowed, or divorcad HUSBANO of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Jessie	OU- 4- 1931 to OU- 6 1931
6. DATE OF BIRTH (month, day, and year) Alaril 17 - 1873	I last saw h. Lin alive on 04-5 , 1931; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at ?m.
5 8 5 19. Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8 Trade, profession, or particular	Valeuruneet
kind of work done, as SPINNER, Lalorey SAWYER, BOOKKEEPER, etc.	Suberculos preumonia 10/3/3
9. Industry or business in which work was done, as SILK MILL, VV ITTA R. Shops, SAW MILL, BANK, etc.	
11. Totel time (years)	
this occupation (month and 31 spent in this 104KS	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) ONERN Cas Yle	Other Contributory Causes of Importance.
(State or country) Pa	Valuonor Fuberculosis ??
# 13. NAME Otto Moltwell	
13. NAME Othologous 11. BIRTHPLACE (city or town) 11 axx ins burg	Name of operation Oate of
(State of country)	What test confirmed diagnosis wyces exam was there an autopsy?
I 15. MAIDEN NAME JUSAN STYON Man.	23. If deeth was due to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Sugan Strohman. 16. BIRTHPLACE (city or town) Shippens burg	Accident, suicide, or homicide?, 19, 19, 19
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT III YSTT. I TOCK WELL (Address) 12 F.D. Leixersburg III	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Place Tersbrig, Me Oata Oct 8 ,19 51	Nature of injury
TK COVVOCALA	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER + 1 19. (Address) Hayer Stown Ma	If so, specify
20 51150 10-8-31 & host Bours	(Signer) Walter Helisles M. D.
ZU, FILEU	(Address) Way restoro- Pang
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis NOV 5 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
TOETAU V.B.				
The state of the s				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenterítis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH hingron Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred 20 yrs. __mos. How long in U.S. if of foreign birth? statement (Usual place of abode If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) axxi (Month) (Oav) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of QYLNCE 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the date stated above, at 1/20 m 7. AGE Yeers Months Days If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ____ min. were as follows Date of onset 8. Trade, profession, or particular 30 NO pe of kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may back Industry or business in which plnods work was done, es SILK MILL, SAW MILL, BANK, etc. O. Date deceased last worked at 11. Total time (years) 2 this occupation (month and occupation . A J Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following important in Accident, suicide, or homicide? Date of injury DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed). Registrar. (Address) ... Wroth If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	NOV 5 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ner	ohritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUPFAU V S	July 5, 1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		الـــــا		1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	ITE PLA LEWWITH UNFADING INK-THIS IS A PERMA	tem of information should be carefully supplied. ACE should be should state CAUSE OF DEATH in plain terms so that it may be
	- 1	-

V. S. No. 1

PLACE OF DEATH	STATE OF MA	ARYLAND
County fash unglis	(2) CERTIFICATE	OF DEATH
WITHIN COMPONATE LIMITS OF	Registration Dis	it. No. 302
Village or City Augustine (No. 932 2FULL NAME un ame & Chièce	Pote and St.: 3 Ward)	(If death occurred In hospital or institu- ion, give its NAME in- tend of street and
PERSONAL AND STATISTICAL PARTICULARS	X	
	MEDICAL CERTIFICATE OF	DEATH
MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attend	dad the deceased from
Oct 2 193/	192 to	, 192
(Month) (Day) (Year)	that I last saw h	, 192,
7 AGE Still born If LESS than 1 day hrs. or min.?	and that death occurred or the data stated ab The CAUSE OF DEATH was as follows:	
8 OCCUPATION (a) Trade, profession or	6	
particular kind of work	***************************************	
(b) General nature of industry		
business, or establishment in which employed or (employer)	(Durstion)	yrsds.
9 BIRTHPLACE (State or country) Mul	Contributory Sacondary (Dyration)	حر
10 NAME OF Galam Shaper	(Signed) M. G. Joseph Oct 2 193/ (Address) Nage	ort M. D.
OF FATHER (State or country) 12 MAIDEN NAME }	*State the Disease Causing Death, o Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	r, in deaths from y and (2) Whether
of Mother Mary Correy	18 LENGTH OF RESIDENCE (For Hospitals	
13 BIRTHPLACE OF MOTHER (State or Country)		yrsmoeds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not at place of death?	
(Informant) Many flantform	Former or usuel residence	
(Informant) Mary Marfeet	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Jugenhour	Premises !	Con-3. 193/
15 /0/3/ 3/6 / AHBayers	20 UNDERTAKER	DDRESS
Filed 192 10 non Registrar	adam Shafer to	typerlown
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. I	vo. Y. m

12317

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer brestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING PEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomolive engineer, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. 6) Grocery,

Statement of Cause of Death—Name, first the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerioral final fever (the only definite synonym is "Epidemi cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (r or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, For persons who have no occupatio Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphlheria avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature of the as fracture of skull, and consequences e.g., sepwis, telegous) may be stated under the head of "contributory." accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL perilonalis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Old Age, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death earbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic valvular heart disease; American Medical Association.) Never report mere symptoms or terminal condietc. The contributory Masles ;

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V. S. No. 1

PLACE OF DEATH County Washington Nr. Milt +	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 303
Village or City / Waltone (No. Ma 2FULL NAME Wreacha Shoem	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemule White Single, wildowed Single or Divorced (Write the word)	16 OATE OF DEATH ()
6 DATE OF BIRTH March (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Oct 8 1931 to Oct 14, 1931, that I last saw here alive on Oct 14, 1931,
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atPm. The CAUSE OF DEATH * was as follows: Murasmus
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary Acute also-colute (under 2 yrs) (Signed). *State the I is ase Causing Death, of, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, institutions, Transients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Nr. Millistone, Meryland Filed Octis 131 J. W. Millistone Registra	Birtheren Church Maiston Cot. 16, 1931 20 UNDERTAKER W. W. Frunts Date of Burial Date of Burial Address Clear Spring M.
If more blanks are needed, addre. State Kegistras	, 16 W. Saratoga St., Balty., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material The ques-Grocery;

Statement of Cause of Death—Name, first, the Dis-EALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer fithe only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. approved by as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. FOR VIOLENT DEATHS state NIEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Ethaustion," "Heart lauure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma, stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sareoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, Committee on Nomenclature The n ture of the injury, etc. The contributory "" (Convulsions, not be

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
county Alashington	Registration Dist. No. 309
Village or City Chanton Station	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Q. Oyrs,	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Chas Hbraham)	hupp
(a) Residence: No. Chay 16 n Station (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) TTO VY . TO W. A W. & Y	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 A I HEREBY CERTIEY. That I attended deceased from
(or) WIFE of Helin-	UC/ 4 1. 19 3/10 4 2 4 1. 193/
6. DATE OF BIRTH (month, day, and year) July 19-1853	I last saw have alive on ACT 4 4 100 , 1931; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Louise of importance
8. Trade, profession, or perticular	were as follows: . Date of onset
kind of work done, as SPINNER, Carrey May	
Windustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A.
U 10 flate deceased last worked at 11 Total time (years)	2
this occupation (month and 1430 spant in this 404K)	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) Clear Spring	Other Coarrogary Causes of Importance
(State or country)	Juva
14. BIRTHPLACE (city or town) Clear Spring	
2 14. BIRTHPLACE (city or town) 2 170 4 3 p 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	What test confirmed diagnosis?
15. MAIDEN NAME HINDS Sm. 14	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hins Sm. M. 16. BIRTHPLACE (city or town) Checky Spring	Accident, sulcide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Charles Share Station ITO	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Md	Manner of injury Nature of injury
19. UNDERTAKER TIK, COXXMay	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED 275 193). July Mulicary Registrary	(Signed) buathase for the M. (Address) & Carefornia for the
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	ADDITIONAL	SPACE	FOR 1	URIHER	STATEMENTS	DI	PHISICIAN	
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tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Houscwife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oeor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons enwner, (b) Cotton mill; (a) Solesman, (b) Grocery; Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the engineer, Stationary fireman, etc. But in For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

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American Medical Association.) inges, peritonacum, etc., Coreinoma, Sorcomo, etc., of (name origin; "Caneer" is less definite; avoid tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on occident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. (secondary or intercurrent) Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. cun be ascertained as the cause. Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic Example: Mcasles (disease affection need not be etc. The contributory valvular Nomenclature Always qualify all heart disease;

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows: Date of onset			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1931	Run over by street car	1 week ago	
Cerebral homorrhage		July 5,1927	Peritonitis	3 days ago	
	V				
Other contributory causes of in	portance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH County Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City ownswills No. 2FULL NAME Walter PS	St.: Ward) (If death occurred in a hospitel or institu- tion, give its NAME in- steed of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malr Hill Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Oug 7 (Month) (Day) (Yest)	that I last saw harmalive on Oct. 16 , 1920.
7 AGE 36 yrs. 8 mos. 9 ds. or min.?	
(a) Trade, profession or Harman particular kind of work (b) General nature of industry	(2) Cevelral Embolis
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory (LUC) THUCM (LUC) Secondary
10 NAME OF William Spraker	(Signed) III inspection) yes mos de (Signed) III inspection M. D
OF FATHER (State or country) 12 MAIDEN NAME) OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Shalking Shakker	if not et place of death? Former or usuel residence
(Address) William Short mol	Sharp burg mol Date of Burial Date of Burial 10 = 18, 1931
Filed Oct /8 1921 F. Oct State Registrar	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1. mod
if more blanks are needed, address State Kegistra	THOU

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Physician, Compositor, Architect, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Recommendations on statement of cause of death approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

- t - 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4709
a of infor- ould state	1. PLACE OF DEATH	(23)
M gg g	county Washing Inn	Registration Dist. No. 30
ten of should of OCC	WITHIN COMPONATE LIMITO OF	Was do Co Hostiation pist. 40.
sh of	Village or City HUYCYSTOWN	death occurred in a hospital or institution, give its NAME instead of street and number)
t Sy	Length of residence in city or town where death occurredyrs,mos.	
Every item YSICIANS short	2. FULL NAME - Yank H Strock	
ate ate	(a) Residence: No. 123 West Side	St., S Ward.
	(d) Residence: No. 12 5 V V 23 (Usual place of abode)	If nonresident give city or town and State
RECO] PH Sxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO . PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	Male Water OR DIVORCED (write the word)	(Month) (Day) (Year)
ANENA CT I	5a. If merried, widowed, or divorced HUSBAND of	
	(or) WIFE of Maude	22. HEREBY CERTIFY, That I atlended deceased from
BINDIN PERMANI EXAC Iy classificate.	110000	1931 to act 10 ,1931
BB	6. DATE OF BIRTII (month, day, and year)	l last saw h
FOR BIS A PE stated E properly certificate		to have occurred on the date stated above, at
FOR IS A stated proper	46 2 13. lady, min.	were as follows:
- 00	8. Trede, profession, or perticuler kind of work done, es SPINNER, C \ 2 Y \ S SAWYER, BOOKKEPPER, etc.	Quantity Plans (Alter
VED THIS d be sy be k of	9 Industry or business in which	could be seen that the seen th
ERVI VK-T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	acty affection
RESERVED G INK-THI GE should be that it may be	U 10. Date deceased last worked at this occupating (month and 0) spant in this occupating (month and 0)	(Dellineelling tooketht-)
RES VG I AGE that	this occupation (month and 1931 spent in this 2548	, Court Court of the Court of t
Z	12. BIRTHPLACE (city or town) Thus on Diron	Other Contributory Causes of Importance:"
MARGIN UNFADI supplied. n terms, so	(State or country)	
MARGI UNFAl supplied. n terms, ee instru	I 13. NAME Martin O Strock	
A Des	13. NAME Way tin O Strock. 14. BIRTHPLACE (city or town) C Q Q Y to SS	Name of operation While Date of
	(State or country)	What test confirmed diagnosis? I was there an eulopsy? The
T, WITH carefully si	# 15. MAIDEN NAME Flice Harbauch	23. If death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME Thice Harbaceh 16. BIRTHPLACE (city or town) Liters Dury	Accident, sulcide, or homicide? Date of injury, 19
PLAINEY, hould be car OF DEATH very import	≥ (State or country)	Where did Injury occur?
be be imp	17 INFORMANT LOWIS, S. Struck.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address)	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Hayexs Town Mate Od 15,1931	Neture of injury
-WRITE mation sl	III CONVINCIO	24. Was disease or infory in any way related to occupation of deceased?
	19. UNDERTAKER 17.11, COLYMON (Address) H(10.00 to to us n 177)	If so, specify
S. No.	10-12- 31 64. HB-1001	(Signed) Lrow M. Welly - M.D.
s z	20. FILED 1991 Old Registrar.	(Address) Hagerfrum mis
BINDERE		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
121 mora19		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NOV 5 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THE AU V. B				
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis NOV 5 1931		The principal cause of death and related causes of importance were as follows:		
211011080010808	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The second of th				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1.	
			1	

ate	STATE OF MARTLAND	CERTIFICATE OF DEATH 12300
infor stat UPA	1. PLACE OF DEATH	70
or of W	County / asmulg fore	Registration Dist. No.
item of should of OCC	Village or City Say Elown	. No Marsh C. Afroh St. 3 Ward
# °		death occurred in a hospital or institution, give its NAMI instead of street and number)
INS INS ent	Length of residence in city or town where deeth oconfred Vrsmos	How Ing in U. S. if of foreign birth? yrs. mos. ds
to. Every YSICIANS	2. FULL NAME (OMArles Codwa	ra vans.
Si Si	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonsesident give city or town and State
RECOI PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 2 2 日	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wird)	21. DATE OF DEATH
E E H	Male July Single	(Month) (Dey) (Year)
DING IANEN A C T I	5a. W married, widnwed, or divorced HUSBAND of	22 O . 1 HEREBY CERTIEX That Lattended deceased from
	(or) WIFE of	22. Oct 1 HEREBY CERTIFY, That I attended deceased from
BIN EX EX y cla	1918	Hast saw h es alive on Oct. 25, 193/ death is said
FOR B IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 6, 9, m
FOR IS A stated proper	13 14 94 Idey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
FOF IS A state propertification	or mig.	were as follows:
IIS IIIS pe	8. Trade, profession, or particular kind of work done, es SPINNER,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d by	SAWYER, BOOKKEEPER, etc	Oyphow fever sept a
RV ould may back	work was done, as SILK MILL,	
RESERVE G INK—TH GE should P that it may b	0 10. Date deceased last worked at 11. Total time (years)	
RES I	this occupation (month end spent in this year)	
R AG AG the ion	Wash Co My	Other Contributory Causes of importance:
GIN FADI ied. ns, so	(State or country)	A the seal of the
NEGIN RENEADING OPPLIED. AGI	TI 13. NAME	July gever
	I Day III out	
E '= 0)	14. BIRTHPLACE (city or town)	Name of operation
Effa.		What test confirmed diagnosis? Wes there an eutopsy?
INEY, W. be careful EATH in important	E 15. MAIDEN NAME / Mquia Vauls	23. If death was due to external causes (VIOLENCE) fill in also the following:
car H.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
AINEY, d be can DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State)
AI III I	17. INFORMAN alley 6 Vays	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Raucer 6 Oll	
S H S H S H S H S H S H S H S H S H S H	18. BURIAL CREMATION, OR REMOVAY S	Menner of Injury
	Place Julicocky Miles Date Date 1, 18-3.	Neture of injury
mation CAUSE	19, UNDERTAKE 19 Scelling	24. Wes disease or injury in eny wey related to occupation of deceased?
0	(Address) Hacee BE16, Med	If so, specify
S. B.	20. FILED /0-26 1930 Chast Bowers	(Signed) Rabell M. I
> Z	Registrar.	(Address) Hagesetown M.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Represting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	3	Example II	
The principal cause of importance were as	f death and related causes follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis NOV 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS BY PHYSICIAN
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REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (refulness of various pursuits can be known. The questired 6 or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager." "Deal-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The As examples: (a) (b) material Grocery;

spinal meningitis"); Diphlheria avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Ccrebrospinat to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

permanently filed.

approved by Committee on Nomenclature of the If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide: Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by radius y trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY 'Congenital,' "Senile," etc., "Dropsy," "Heart failure," "Haemorrhage, and consequences (c. g., scpsis, Example: Measles (disease valvular heart disease; etc. The contributory not be ." etc.

1. PLACE O		OF MAR	RYLAND—	CERTIFICATE OF DEATH
	Washingt	on		Registration Dist. No. 30 2
Village or City Hagerstown			Of (If	No. 46 Bethel Street St., S Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of res	sidence In city or town where	death occurred	69 yrsmos	ds. How long in U.S. If of foreign birth?yrsmos ds.
2. FULL NA	ME Mary	William	S	
(a) Reside	nce: No. 46 Beth	el Stre (Usual place	et e of abode)	St., Ward. If nonresident give city or town and State
PERSOI	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex Female	4. COLOR OR RACE Colored		RRED, WIDOWED, ED (write the word)	21. DATE OF DEATH Cotober 15, 193 . (Month) (Day) (Yaar)
5a. If married, wido HUSBAND of (or) WIFE of	wad, or divorced Nelson C	, Willia	ams	22. — I HEREBY CERTIFY. That I attanded deceased from 1931, to OCT 13 1931
S DATE OF RIRTH	(month, day, and year)	eby 6,	1862	I last saw he alive on OCT 13 , 1931; death Is said
	ears Months	Days 9	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6:00Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profind of SAWYEI 9. Industry or work w. SAW M. SAW M. D. 10. Nate decea	ession, or particular work dona, as SPINNER, R, BODKKEEPER, etc business in which as dona, as SILK MILL, ILL, BANK, atc	Home wo		Ocure Indogestion OCI14
O this occ	ILL, BANK, atcsed last worked at upation (month and	SD	time (years) ant in this cupation	
12. BfRTffPLACE (c (State or co	city or town) Hager untry)	stown, l	Md.	Other Contributory Causes of Importance: Acros Dilatalion 6713
13. NAME	William ku	ssell		8
4.7	CE (city or town)			Name of operation
f5. MAIDEN N	AME Elizabe	th		23. If death was dua to external causes (VIOL ENCE) fill in also the following:
	CE (city or town)	Md.		Accident, suicide, or homicide?
(Address)				Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	agerstown	Oate.Oct	. 18 .1931	Manner of Injury
19. UNDERTAKER (Address) 20. FILED	Fred W. K. Hagerstow		Sowers	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address) 2 4 3 77 Fanalla.

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Example I		
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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
المشا		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER S	STATEMENTS	BY	PHYSICIAN
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BINDIN

FOR

RESERVED

MARGIN

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: 5 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from, or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed: to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more process. I con-loborer, Furm laborer, Laborer—Coal mine, etc. Wom-loborer, Furm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as Al school, or Al home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Physician. Compositor, Architect, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. Locomolive engineer, But in many (h) Grocery T.C.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted ed term for the same dise.se. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrosphial spinal meningitis"); Dinhtheria avoid use of "Croup": Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc./, "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" American Medical Association.) Recommendations on statement of cause of as fracture of skull, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic volvulor heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection for malignant neoplasms); Measles; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory need not be

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FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	14301		
County Washington	Registration Dist. No. 30 2		
Village or City Lagustown	No. 338 M Mulhery St. 4 Ward		
	death occurred in a hospital or institution, give its NAME is dead of street and number) ds. How long in U.S. if of foreign birth?		
n 1 1/1. 3010			
2. FULL NAME From R King Wal	Cs / Stord		
(a) Residence: No. 33 & M. Alle Chart	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (runic than word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruse M. Morlf	22. I HEREBY CERTIFY. That I ettended deceased from ,19 ,19 ,19		
6. DATE OF BIRTH (month, day and year) 26	I lest saw h ; death is said		
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the date steted above, at 1,15 Pm.		
38 3 24 ormin.	The PRINCEPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	asphysicalion & Illuminal		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Queile		
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) Williams furth (State or country)	Other Coutributory Causes of Importance:		
13. NAME John Walf			
13. NAME John Maly 14. BIRTHPLACE (cit or town). Wirksurviv	Name of operation		
(State of country)	What test confirmed diagnosis? Was there an eulopsy?		
E 15. MAIDEN NAME James Bonnes	23. If deeth was due to external ceuses (VIDLENCE) fill in also tha following:		
16. BIRTHPLACE (city or town) Aurhum (Stete or country)	Accident, suicide, or homicide?		
17. INFORMANT: My Cose M. Wolf (Address) Lagustown W.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Hagustown Modpate Och 22, 193/	Manner of injury		
19. UNDERTAKER Set 7. Minsingly (Address) Laguatury Md.	24. Wes disease er injury in any way related to occupation of deceesed?		
20. FILED 10-21- 13 Phast Bowers. Registrar.	(Signed) Kicken Duffer Carona M.D. (Address) Desgrada M.D.		
If more blanks are maded address Costs Davison	N7 CL 1. C D		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July5,1927	Peritonitis	3 days ago	
\$.			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 Julyō,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a Farm laborer, without more precise specification as Day of Occupation-Precise statement of oc-Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Loborer-Coal minc, etc. Womsingle word or term on not gainfully em-The ques-Grocery; (re-

Statement of Cause of Death—Name, first, the pissea. It is and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphlleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

(Recommendations on statement of cause of approved "Uraemia," "Weakness," etc., when a definite disease "Ethaustion," "Heart failure, "Old Age," "Shock," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid interstitial nephritis, by Committee on Nomenclature cough; Chronic etc. The n ture of the injury, valvular heart The contributory not be disease;

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PHYSI-PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. cate. a hospital or institution, give its NAME it stead of street and number.) 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH may 17 HEREBY CERTIFY. That Lattended the deceased from 6 DATE OF BIRTH that I last saw h Malive on Month) (Day) (Year) 7 AGE IIfLESS than and that death occurred on the date stated above, at & The CAUSE OF DEATH * was as follows: I day hrs. min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). Contributory 9 BIRTHPLACE Secondary (State or country) be EA 0 10 NAME OF 0 RENTS *State the Disease Causing Del Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. or, in OZ Injury and (2) Whether (State or country) CAU 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA state ccu2/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State yrs mos ... of death yrs ds. (State or country) 00 Where was disease contracted, should ent of if not at place of death?. usual residence Every it CIANS stateme DATE OF BURIAL 19 PLACE OF BURIAL OF ADDRESS If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. Y.

ER/

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farnier (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.

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